

LOS ANGELES COUNTY – DEPARTMENT OF PUBLIC HEALTH

SUBSTANCE ABUSE PREVENTION AND CONTROL

PUBLIC SAFETY REALIGNMENT ACT – ASSEMBLY BILL 109/117

BACKGROUND

In April 2011, the California Legislature passed the Public Safety Realignment Act - Assembly Bills 109/117 (AB 109/117), which transferred responsibility for supervising specific low-level inmates and parolees from the California Department of Corrections and Rehabilitation (CDCR) to the county level. Effective October 1, 2011, the County became responsible for supervising these offenders once released from State prison, on a prospective basis. These offenders are referred to as Postrelease Supervised Persons (PSP). In preparation of this shift in responsibilities, AB 109 required each California county to establish a Community Corrections Partnership (CCP) consisting of public safety, public health, and other behavioral health stakeholders. In response, the Los Angeles County CCP was created and subsequently developed an implementation plan that included a Postrelease Community Supervision (PRCS). The PRCS required the Department of Public Health (DPH) – Substance Abuse Prevention and Control (SAPC) to assist in accessing Substance Use Disorder (SUD) treatment services. DPH-SAPC will contract with community-based programs to provide these services for PSP's released under AB 109.

BREAKOUT SESSION WORKGROUP QUESTIONS:

- 1) How should we define the continuum of substance use disorder (SUD) services for the post release population? Which specific evidence-based practices should be implemented with your specific focus population?
- 2) In order to ensure that the continuum of care is client-centered and responsive to individualized needs for members of your specific focus population, what efforts should be made to engage offenders in treatment programs?
- 3) What community support services are needed for your specific postrelease focus population, (please rank by priority)? How can we best connect SUD treatment agencies with community-based groups and faith-based organizations to access community support services for their clients?
- 4) With limited financial resources, what fiscal strategies and controls should be established, such as maximum treatment limits or vouchers, to use limited funding and other resources most effectively?